

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ALMAZ		06-01-01
O.I.P.E. CLASSIFIER			6-12-01
FORMALITY REVIEW	FAZ	790	07-30-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N .....  
 = ..... Allowed I .....  
 - (Through numeral)... Canceled A .....  
 + ..... Restricted O .....  
 ..... Interference  
 ..... Appeal  
 ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final Original	
1	07/03/03
2	07/03/03
3	07/03/03
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Claim	Date
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If more than 150 claims or 10 actions  
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